

MEMBER APPLICATION

Name:	Home Phone:			
Work Number:	Cell Phone:			
Do you have access to the Internet? □Yes □ No				
Do you have access to email? □Yes □	No			
Email Address:				
Home Address:				
Are you a: (Please check all that apply)			
☐ Person with a developmental d	lisability			
☐ Member of an advocacy group				
Are you able to do the following: (Pleas	se check all that apply)			
☐ Attend two-day meetings in Sa	cramento (4 times a year)			
☐ Able to participate in webinars,	phone calls (web cam meetings, SKYPE)			
☐ Participate in local Self-Advocacy meetings and share information with SSA				
☐ Available to serve a 4-year terr	n as a SSAN Representative			
Why do you want to be a SSAN Volunt	eer Member:			

What local a	advocacy groups or committees to you belong to:
How long ha	ave you been in an advocacy group or committee?
How much tothers:	ime can you dedicate to SSAN activities and help share information with
	rently employed by an organization providing service(s) to persons with ital disabilities?
□ YES	□ NO If yes please explain:
Do you need	d any accommodations to participate in a meeting, if so please explain:
□YES	

Do you need a fa	acilitator/helper, if yes	please explain how they would he	elp you:
□YES	□NO		
	a letter of support fronces familiar with you	om your supporting regional of ur advocacy work.	ffice/agency
I am willing to se SSAN Represer		per and have included why I wish	to serve as a
Signed:		Date:	
Sacramento, C Advocacy C review proces	CA 95834. The comple coordinator who will places. If you have any qualf- elf-Advocacy Coordin	to: 3831 North Freeway Blvd. S leted forms will be submitted to provide to SSAN Officers for ap lestions about the process, ple nator at Riana.Hardin@scdd.ca at 916-263-8196.	SCDD Self- oplication ase contact
*****	*******	*****	
□ Application is	<u>-</u>	only: of Support included □ Two refe Date sent:	